## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 09, 2006 8:00 am Secretary of State DOCUMENT # N04000008291 1. Entity Name 02-09-2006 90046 012 \*\*\*\*61.25 CORNERSTONE MINISTRIES INTERNATIONAL, INC. Principal Place of Business Maiting Address 3812 DORAL CT PORT ST LUCIE FL 34952 3812 DORAL CT PORT ST LUCIE FL 34952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 55-0885708 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KESSNER, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 3812 DORAL CT PORT ST LUCIE FL 34952 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change Steve Peruski CARLOS, PORTALEA NAME NAME 665 Bayberry P.O. BOX 884 STREET ADDRESS STREET ADDRESS JUPITER 33468 FL 33312 CITY-ST-ZIP CITY-ST-ZIP DP ☐ Change TITLE Delete TITLE □ Addition KESSNER, DOUGLAS NAME NAME 3812 DORAL CT STREET ADDRESS STREET ADDRESS PORT ST LUCIE FL 34952 CITY-ST-ZIP CITY-ST-ZIP TITLE Dν ☐ Delete TITLE ☐ Change ☐ Addition KESSNER, LORNA NAME NAME 3812 DORAL CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL 34952 CITY-ST-ZIP TITLE DV TITLE ☐ Change ☐ Addition ☐ Delete WOODS, COLIN NAME NAME STREET ADDRESS 3812 DORAL CT STREET ADDRESS City-St-ZIP PORT ST LUCIE FL 34952 CITY-ST-7IP PERUSKI TITLE ☐ Detete TITLE Change ■ Addition P<del>ERUSSKEY</del>, KATHY NAME NAME 665 NE BAY BERRY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENSEN BCH FL 34957 CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition WHARTON, EVE NAME NAME PO BOX 884 STREET ADDRESS STREET ADDRESS JUPITER FL 33468 CITY-ST-ZIP CITY-ST-7IP

**FILED** 

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE: LURNA KESSNER Journa Kessner 1/25/06 772-878-8453